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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43797

JAN 8 1941

State File No.

Registration District No.

Primary Registration District No. 101

Registrar's No. 2350

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution #12 FAIR OAKS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HANNAH AVERY

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife O.B. AVERY 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased APRIL 12 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 24 If less than one day hr. min.

9. Birthplace ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name DWIGHT KENT CROFOOT

13. Birthplace N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name MINNIE A. CHAPMAN

15. Birthplace CONN.
(City, town, or county) (State or foreign country)

16. (a) Informant O.B. Avery

(b) Address #12 Fair Oaks

17. (a) Burial (b) Date thereof 12-14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE MAUSOLEUM

18. (a) Signature of funeral director P.M. Mullin

(b) Address 5765 DELMAR BLVD.

19. (a) DEC 13 1940 (b) R. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. #12 FAIR OAKS
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1940 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from April 8, 1940, to Dec 11, 1940
that I last saw her alive on Dec 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Partial Obstruction of Bowel

Due to Carcinoma of Colon Sigmoid
Metastasis in Liver 4/8/40

Due to

Other conditions 1/6
(Include pregnancy within 3 months of death)

Major findings: Unoperable Carcinoma of Colon and Liver
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Aug E. Nicholson (M. D. or other)

Address 4600 Maryland Ave Date signed 12/13/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

OCT 10 1941

Aug. G. Wiseman
4660 Maryland
FO. 8844
1-3 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John. Ketter.

Licensed Embalmer No. 3880

P. O. Address.....

St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.